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| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/884,889 |
| | Filing Date | June 19, 2001 |
| | First Named Inventor | Dan E. ROBERTSON |
| | Art Unit | 1652 |
| | Examiner Name | R. Prouty |
| | Attorney Docket Number | 564462000120 |

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This withdrawal is being made request of the applicant.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number.

OR

☒ Firm or Individual Name **Lynn M. Linkowski
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Signature

Name **Gregory P. Einhorn**

Registration No. **38,440**

Date **March 14, 2005**

Telephone No. **(858) 720-5133**

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.